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"*NEC TENUI PENNA.*"

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EDITORS.

## "HOW LONG, O! LORD! HOW LONG!"

Ziemssen's Cyclopædia of the Practice of Medicine

Seventeen volumes of this exhaustive and exhausting, of this scholarly and interminable, of this learned and enormous work have issued from the press, and yet there is no promise of a cessation of this deluge of German medicine. We say seventeen volumes have issued. They have not come in regular order, and we may be a number or two short or in excess. We can count but sixteen of the bulky tomes staring at us from our library shelves. If any have been stolen or borrowed from us—synonymous terms, so far as results are concerned, in our experience—we shall shed no tears if we see them no more. In the first volume the preface says: "For some time past physicians in this country and abroad have felt the need of a work, or of a series of works, which should furnish a complete picture of the present state of medical knowledge in the departments of etiology, pathology, and treatment. The ordinary text-books do not supply this want, and the busy practitioner can not afford to spend either the time or the money upon the scores of monographs which are constantly being published," etc.\* We ask, in a spirit of amicable scientific inquiry, how many "busy practitioners" probably have read or could have read Ziemssen's Cyclopædia through as it came forth? and certainly if they did not read it through then, they never will. If we were asked,

we should say: probably none; certainly none in our experience. And as to the pecuniary feature of the matter, we venture to say that the physicians who had the money to subscribe for Ziemssen's Cyclopædia, at five or six dollars a volume, amounting to eighty-five dollars at the one price and one hundred and two at the other—and probably more to follow—are in the habit of buying books and have bought not a few other books beside during Ziemssen's parturition Encyclopædia. The exceptions to this proposition are the young and inexperienced of the profession, who were charmed and deluded by the eloquent, enthusiastic, and impossible-to-be-shaken-off book agent.

The idea of a medical encyclopedia at this time is an unsound one; and an encyclopedia founded on "a complete picture of the present state of medical knowledge in the departments of etiology, pathology, and treatment" is a house builded on shifting sands. Medicine is not yet a fixed science. Indeed it scarcely yet fairly deserves the name of a science. It is largely founded upon false facts and plausible theories. We have to unlearn a vast deal of error imbibed from books and teachers. We have to learn that it is not perfectly safe to put implicit faith in authors and authorities. We have to learn that we have *certain* remedies for a considerable number of diseases, and have *no certain* remedies for a rather larger number of diseases. When physiologists come to agree, and chemists come to be of one mind, and microscopists give us a unity of opinion, and the *materia medica* shall be weeded and winnowed of its useless drugs, and the power of its useful ones established, then encyclopedias of the prac-

\*The same venerable excuse for making a book: the old, old story of "a want long felt," "a need long recognized," "a desideratum long acknowledged," etc., etc.—Eds.

tice of medicine may be made of practical value. Till then they are a poor investment of time and money, and we venture to predict that it will be a very long time ere another medical cyclopedia succeeds in capturing the profession.

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### Original.

#### YELLOW FEVER.

BY J. E. BROWN, M. D.

The frosts have given us country doctors a night's rest—a few hours for looking back at our continued ride, turning over in our minds this and that case, with its peculiarities; and now I would in my poor way hold a few cases to the view of your readers.

All summer we have had unusual lumbar pains, epigastric tenderness, great prostration, very slow convalescence, these symptoms growing worse as fall approached; and now for the first case that I would report:

Miss A. B., taken ill on Saturday, in September, without much pain any where; easy vomiting; cool extremities; marked depression. Called me on Wednesday after she was taken, at which time I found her in state of collapse; dusky skin; cold to knees and elbows; pulse 120, and not regular; vomiting every few minutes, without effort, a greenish water; was quite restless, with red eyes—every thing telling me that she must die. I so informed her father, and asked that Dr. Milner be called. He came. We examined the case, did what we could, but death claimed her within forty-eight hours.

The second case was a sister, Miss Amanda, taken about the day of the death, after not feeling well for two or more days. In this case I found great pain in back; pain over the eyes; a marked fever running two or three days; epigastric soreness; peculiar green vomiting without effort; fixed eyes; distress of countenance; occasional tossing in bed; peculiar odor of the breath and of actions; slight discharges of blood from the bowels; respirations 36; pulse 100 to 120.

After seeing her every day for ten days, convalescence had begun, and she is getting well slowly.

The third case was Miss Brook, a younger sister, running very much the same course, but not so ill; now convalescent.

The fourth case, that of William Watkins, Esq., the same course, with less vomiting; and then the father of the ladies, John B., pursuing the same course, with looseness of bowels; all of which are about well.

Every one of the above cases was evidently the same disease. The cases were fever. The fatal case had coffee-ground vomit, and the same from bowels just at death. They all wore the distress of countenance; all had the easy green watery vomit; all had severe pain in lumbar region, epigastric tenderness, red eyes, etc.

They were not our common malarial fever; they were not true pictures of the pernicious form; but, take Flint and other writers, and how strikingly do they resemble yellow fever! I am one who believes that the fever of the South and our fevers are from the same poison; worse or more intense South because of the continued hot weather. We had a mild winter, a continued heat all summer, and why not we have yellow fever? It is wrong for us to turn our minds from facts that would impress them, but we should weigh them; and if in the future we have to fight "Bronze John," we will be the better prepared.

CLOVERPORT, KY.

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### Reviews.

**Atlas of Skin Diseases.** By LOUIS A. DUHRING, M. D., Professor of Skin Diseases in the Hospital of the University of Pennsylvania; Physician to the Dispensary for Skin Diseases, Philadelphia; Dermatologist to the Philadelphia Hospital; etc. PART IV: Vitiligo; Alopecia Areata; Tinea Favosa; Eczema Rubrum. Philadelphia: J. P. Lipincott & Co. 1878.

It affords us great pleasure to call the attention of the profession again to this admirable work. Part IV, which has lately

issued from the press of the great Lippincott publishing house, of Philadelphia, is in every way worthy of the highest approbation. The descriptions of the diseases figured are clear, vivid, and attractive. The plates are absolutely perfect. We have seen no European plates equal to them. No practitioner of medicine should be without Duhning's Atlas of Skin Diseases.

The atlas comes out every few months, and costs but \$2.50 a number. L. P. Y.

### Miscellany.

#### ABSTRACT OF SANITARY REPORTS RECEIVED DURING THE PAST WEEK UNDER THE NATIONAL QUARANTINE ACT:

OFFICE SURGEON-GENERAL, U. S. M. H. S., }  
WASHINGTON, November 2, 1878. }

**New Orleans.** There were eighty-three new cases of *yellow fever* and one hundred and nine deaths for the week ended yesterday. During the week the board of health received information of two hundred and eighty-eight old cases not previously reported. Four new cases and eight deaths for the past twenty-four hours. Total cases, thirteen thousand two hundred and fifty-two; total deaths, three thousand nine hundred and seventy-three.

**Morgan City, La.** During the past week there were eight deaths from *yellow fever*. Total cases to date, five hundred and sixty-three; deaths, one hundred and two.

**Baton Rouge, La.** For the week ended yesterday evening there were seventy-five cases of *yellow fever* and sixteen deaths. Total cases, twenty-four hundred and fifteen; deaths, one hundred and sixty.

**Decatur, Ala.** There were ten cases of *yellow fever* and two deaths for the week ended November 1st. Total cases, one hundred and eighty-eight; deaths, forty-two.

**Port Gibson, Miss.** There were about ten deaths in the country near Port Gibson during past week; none in Port Gibson, where the epidemic is considered at an end.

**Mobile, Ala.** During the week ended yesterday evening there were sixty new cases of *yellow fever* and ten deaths. Total cases, two hundred and twenty-four; deaths, fifty-nine.

**Bay St. Louis, Miss.** Total cases of *yellow fever* to yesterday evening, five hundred and thirty-five; deaths, seventy-eight. Only an occasional case occurring now, and the local health authority considers the epidemic at an end.

**Pass Christian, Miss.** During the week ended yesterday evening there were nineteen cases of *yellow fever* and no deaths. Two deaths from *yellow fever* occurred in the week ended October 25th which were not reported in that week. Total cases to date, one hundred and eighty-nine; deaths, twenty.

**Grand Junction, Tenn.** To October 26th there were one hundred and seventy-four cases *yellow fever* and seventy-four deaths.

**Milan, Tenn.** For the two weeks ended yesterday evening there were twelve cases of *yellow fever* and six deaths. Total cases, fifteen; deaths, nine.

**Memphis, Tenn.** During the week ended October 31st there were twenty-two deaths from *yellow fever*. Total deaths, twenty-nine hundred and sixty-four. The board of health announced officially, on the 28th of October, that absentees could return with safety.

**Mason, Tenn.** The first case of *yellow fever*, a refugee, occurred August 29th; first case among inhabitants, October 4th; since which time to yesterday evening there have been sixty cases and twenty-four deaths.

**Chattanooga, Tenn.** During week ended yesterday evening there were twenty-eight new cases of *yellow fever* and twelve deaths. Total cases, four hundred and thirty-three; deaths, one hundred and twenty-seven.

**Meridian, Miss.** Over four hundred cases of *yellow fever* are reported to have occurred to date. Total deaths, eighty.

**Gallipolis, Ohio.** During the week ended October 30th one new case of *yellow fever* occurred and two deaths.

*Havana, Cuba.* Twenty-three deaths from *yellow fever* and nine from *small-pox* for the week ending October 26th.

No cases of *yellow fever* or deaths in *Louisville* or *Key West* during the past week.

*Rio de Janeiro.* One death from *yellow fever* and eleven deaths from "*pernicious fever*" for the week ended September 28th. In the same week there were fourteen hundred and ninety-five deaths from all causes, of which one hundred and thirty-nine were from *small-pox*. Since May 1, 1878, there have been twelve hundred and thirty-three deaths from *small-pox*.

*Europe.* In one hundred and forty-nine cities and towns of the German Empire, having an aggregate population of 7,429,793, there were 5,755 births and 3,512 deaths for the week ended October 5th, being an annual mortality rate of 24.6 per thousand of the population. The lowest death-rate, 11.2, was in Kiel; the highest, 42.2, was in Augsburg. The deaths include one hundred and eight from *scarlet fever* and one hundred and forty-seven from *diphtheria* and *croup*; none from *small-pox*.

JOHN M. WOODWORTH,

Surgeon-general U. S. Marine Hospital Service.

THE VENTILATION OF BEDROOMS.—Lond. Lancet: Although the blood circulation is less active during sleep than when awake, it is of considerable importance to health that bedrooms should be well ventilated. The sleeper, like a bed-ridden person, is entirely dependent upon the atmosphere supplied to him for the means of carrying on the chemical purification and nutrition of his body. He must breathe the air that surrounds him, and he does this for a lengthy portion of each period of twenty-four hours, although it is probable that in a large majority of cases the atmosphere has become so deteriorated by the expiration of carbon and the emanations from the body generally, that if the senses were on the alert some change would be sought as a mere matter of preference. When a person places himself in a condition to take in *all* air, without being

able to exercise any control over its delivery, he ought to make sure that the supply will be adequate, not merely for the maintenance of life, but for the preservation of health. If a man were to deliberately shut himself for some six or eight hours daily in a stuffy room, with closed doors and windows (the doors not being opened even to change the air during the period of incarceration), and were then to complain of headache and debility, he would be justly told that his own want of intelligent foresight was cause of his suffering. Nevertheless this is what the great mass of the people do every night of their lives with no thought of their imprudence. There are few bedrooms in which it is perfectly safe to pass the night without something more than ordinary precautions to secure an inflow of fresh air. Every sleeping apartment should of course have a fireplace with an open chimney, and in cold weather it is well if the grate contains a small fire, at least enough to create an upcast current and carry off the vitiated air of the room. In all such cases, however, when a fire is used it is necessary to see that the air drawn into the room comes from the outside of the house. By a facile mistake it is possible to place the occupant of a bedroom with a fire in a closed house in a direct current of foul air drawn from all portions of the establishment. Summer and winter, with or without the use of fires, it is well to have a free ingress of pure air. This should be the ventilator's first concern. Foul air will find an exit if pure air is admitted in sufficient quantity, but it is not certain pure air will be drawn in if the impure is drawn away. So far as sleeping-rooms are concerned, it is wise to let in air from without. The aim must be to accomplish the object without causing a great fall of temperature or a draught. The windows may be drawn down an inch or two at the top with advantage, and a fold of muslin will form a "ventilator" to take off the feeling of draught. This, with an open fireplace, will generally suffice, and produce no unpleasant consequences, even when the weather is cold. It

is, however, essential the air outside should be pure. Little is likely to be gained by letting in fog or even a town mist.

A VERY sad accident is reported from Prague, which has resulted in the death of Prof. Fischer of that city. The Professor was only twenty-five years of age, but had already achieved a reputation on account of his great abilities and industry, and his devotion to the science of chemistry. From the particulars that have transpired it would appear that the deceased gentleman was in the laboratory of the Gymnasium, and sent a servant to the storekeeper for some sal ammoniac and cyanide of potassium. When these were brought he mixed them, and tasted the mixture, observing to the servant that science had advanced so far as even to be able to render harmless so dangerous an agent as cyanide of potassium. He had scarcely, however, tasted the mixture when he was seized with violent pains. He at once ordered the servant to fetch a physician, but before medical assistance arrived he had expired. He was known to entertain the persuasion that cyanide of potassium could be rendered harmless, and the problem of how to accomplish this was a frequent subject of his studies. A memorandum on the same theme was found among his papers.—*Lond. Med. Times and Gaz.*

THE IMPORTANCE OF OUR ART.—London Lancet: Medicine has now clearly reached a stage of development in which it can no longer be regarded as a simple adjunct to the health and happiness of the people. Health is an integral part of prosperity, and must be sought with it. The government that omits this factor in the calculation of results, or fails to give it full value, reaps disappointment. Whether in questions of domestic administration or foreign policy, military or commercial, health must play the prominent part of a conditional element to be carefully considered. And it will not suffice to treat this matter as a contingency; the neglect to give it a foremost place in

deliberation will entail discomfiture or depreciate the value of success. The country has had many untoward experiences of this fact, and is at the present moment passing through such an experience in connection with our most recent acquisition—the island of Cyprus—which will, or will not, recompense the trouble and cost of our guardianship, together with the lives needlessly sacrificed by want of obvious precautions in taking possession, as it may prove practicable to eradicate diseases now prevalent. In a word, medicine is not any longer to be regarded either as a mysterious craft, to be tolerated by the state, or as a somewhat useful accessory to be employed—like the lime-juice on an Arctic expedition—at the caprice or even the discretion of the government. It is itself a part of government, and must be recognized as a branch of political economy not less important or practical than the adjustment of a paper currency or the management of the national debt. The great outstanding "debt to nature," for which every member of the population is individually liable, and on which the nation as a whole pays so large an amount of interest in the shape of disease, is too vast a factor in the sum of prosperity to be ignored by any real *statesman*, let his views of party policy be what they may.

TREATMENT OF SYPHILIS WITHOUT MERCURY.—British Med. Journal: Dr. Boileau stated before the British Medical Association that for several years he had not only treated, but he believed cured cases of syphilis among soldiers without the use of mercury. His principle had been to avoid mercury as much as possible. He treated most of the cases without administering any form of that remedy, and very rarely resorted to fumigation or inunction. He believed, however, that it would have been better to have discarded all remedies having mercury in their composition, although he occasionally used them with the hope of obtaining good local results. He believed that in the cases where mercury was locally applied, the actual

amount absorbed into the system must have been very slight. His treatment had consisted in the frequent employment of hot-water baths, confinement to bed, scrupulous attention to cleanliness, full hospital diet (generally with a pint of the best ale daily), and the internal administration of iodide of potash, Dover's powders, nitrate of potash, chlorate of potash, etc. Several illustrative cases were briefly reported. In reply to some objections raised against his paper, Dr. Boileau said that his cases were matters of fact, and the results did not admit of discussion. He admitted that his cases were under exceptionally favorable circumstances. He saw no reason why he should give mercury if he could do without it. Local sores certainly healed without its use, and all his cases were, as far as he knew, at present healthy.

[It is impossible to believe that Dr. Boileau is intentionally incorrect, but it is equally impossible to put credence in his diagnosis when he claims to cure syphilis without mercury.—EDS. NEWS.]

**COFFEE.**—London *Lancet*: Prof. Binz has been investigating the action of the constituents of coffee, which he finds to possess a certain antagonism to the action of quinine. He injected beneath the skin of a strong dog 0.7 grams of caffein, and the temperature in an hour rose a degree Centigrade. With smaller doses (0.2 grams) the rise is slighter ( $0.3^{\circ}$  C.), and after larger doses (about 0.5 grams) the elevation may be as much as  $1.4^{\circ}$  C., without there being any other disturbance obvious, except a somewhat stiff condition of the animal's muscles. Large doses also caused a considerable elevation of temperature, and death, with convulsive symptoms. This effect of caffein was hindered by curara and by artificial respiration. It was also found that moderate doses of caffein raised the blood-pressure, the dogs employed for the experiment being only narcotized by alcohol, and neither curara nor artificial respiration being employed. Section of the vagus did not interfere with this result, and the eleva-

tion of the blood-pressure is thus not due to an influence exerted through the vagus. Bontron and Frémy gave the term *caffeon* to a substance produced by roasting the coffee beans and separating from a distillate with ether. It is an ethereal, oily substance, and is found by Binz to have a stimulating action on the brain, heart, respiration, and animal heat. He agrees with Hoppe-Seyler and Voit, that the infusion of coffee or caffein in dietic doses causes an increase rather than a decrease of the tissue changes.

**UTERINE SURGERY.**—The *Med. Record*: Dr. W. D. R. Blackwood, at a late meeting of the Philadelphia County Medical Society, read a paper on "Who is to Blame?" in which he sought to prove by various cases in his own practice that gynecological operations are performed entirely too frequently nowadays, and in very many instances without proper cause. He cited four cases to strengthen his assertion, in which women had been operated upon for sterility by eminent surgeons of this city and New York, whereas the fault lay entirely with their husbands.

**CHOLERA AT FYZABAD.**—London *Lancet*, October 12th: Our correspondent at Fyzabad, in a communication dated September 10th, states: "Fyzabad, one of the military stations of Oudh, has been visited by a heavy outbreak of cholera. The troops at present in garrison are D. 5 R. A. and the first battallion twenty-fifth regiment. One of this regiment was attacked August 22nd. Cases followed rapidly in both corps. They went into camp speedily, but the disease continued to cling to them, and its fatality has been great. The women and children left in cantonments (afterward placed under canvass) also suffered very severely from cholera, and its incidence here was curiously synchronal with that of the camps. Up to last date (September 10th) there had been ninety-eight cases and sixty-five deaths, but it is gratifying to state that during the last twenty-four hours there was no fresh case."

**ORGANIC IMPURITIES IN ICE.**—Thomas T. P. Bruce Warren, analytical chemist, etc., in *London Lancet* of October 12th: It is a common practice with a great many people to add ice to ale, claret, lemonade, etc., during the warm months of the summer to make these beverages more cooling. I do not believe that sufficient attention has been drawn to the seriousness of this practice. A short time ago I had occasion to examine a sample of water, the source of which at the time was unknown to me. With nitrate of silver it became very slightly cloudy, and yielded with nitrate of baryta an almost imperceptible precipitate. Oxalate of ammonia produced a very slight turbidity. It was perfectly neutral, and possessed the ordinary qualities of good drinking-water. I was still puzzled to make out what the water could be. I thought it was not unlikely that it might have been distilled water put into a jar containing a little ordinary water. I then Nesslerized a sample, and was surprised to find that it yielded over two hundred parts per million of free ammonia! I was afterward told that it was melted ice, and I have no doubt that the ice itself was of the usual quality employed for domestic purposes. For manufacturing purposes and refrigerating mixtures this would not much matter; but, looking at the enormous quantities consumed during the summer months in beverages, it seems to me that some stringent steps should be taken to prevent the sale of such ice, even for preserving fish or any article of food.

**SALT WATER IN SURGERY.**—F. de Havilland Hall, in *Lond. Lancet* of October 12th: Your issue of the 5th instant contains an annotation, drawing attention to employment of salt water in surgery, and, from recent experience of the use of a solution of common salt in cases of ozæna, I can speak highly of the value of so simple a remedy. If ordinary tepid water be used to wash away the accumulated secretion in these troublesome cases, the patient almost invariably complains of great discomfort, some-

times amounting to actual pain, in the nasal passages and frontal sinuses, and frequently acute catarrh is developed. These evils are apparently due to the specific gravity of water being below that of mucus, consequently osmosis takes place between the mucous membrane and the water, and this is followed by hyperæmia and catarrh. To obviate this inconvenience, it is sufficient to direct the patient to add three tablespoonfuls of salt to a pint of tepid water; then to wash away the inspissated mucus, which is so apt to collect in the nasal passage, by use of Thudichum's douche. If the medical attendant sees to this himself, the posterior nasal syringe (an instrument highly recommended by Dr. Beard, the editor of Tobold's work on the Diseases of the Larynx) may be used with advantage. When the mucous membrane has been thoroughly cleansed, some astringent or alterative solution may be applied, either by means of the spray apparatus, which I ordinarily use, or with a syringe.

**THE ACCIDENT AT LIVERPOOL.**—*London Lancet*, October 19th: The injuries received in the lamentable panic at the Colosseum Theatre last week are as follows: At the Royal Infirmary forty people in all were received. Of these thirty-three were dead. The cause of death, so far as ascertained, was: Suffocation, with only slight injuries, twenty; fractured cervical vertebræ and ribs, one; fractured clavicle and ribs, one; fractured ribs, seven; fractured cervical vertebræ, one; dislocation of right shoulder and fractured ribs, one; dislocation of cervical vertebræ, two. Of the living, two were so slightly injured as to be able to go home; two more, after a few days in the wards; three remain in the infirmary—one with general concussion, and two with chest and abdominal injuries. At the Northern Hospital, two were brought in dead, apparently suffocated; two admitted, one extensive contused wounds, the other injury to the arm; six treated as out-patients—broken ribs three; bruises and contusions, three.

**TREATMENT OF ENLARGED GLANDS IN SCARLET FEVER.**—A writer in a late number of the *Lond. Lancet*: I have lately adopted a very simple method of preventing the great suffering which little patients sometimes have to undergo from enlarged glands in scarlet fever. The attendant is directed to rub gently into the neck every two hours by day and every four at night linimentum ammoniæ, with a little tincture of opium added; each application to last ten or fifteen minutes; and, to insure the necessary perseverance, warning is given of the probable serious consequences should the enlargement continue. I have recently had a large number of cases of scarlet fever, some of them severe, but I have had no enlarged glands. The friction obviously prevents the collection of morbid material in the gland and subsequent adenitis.

**ONE HUNDRED FALLEN.**—In an eloquent memorial address delivered to the McDowell Medical Society, at Hopkinsville, by Dr. J. W. Singleton, on the death of Dr. J. L. Cook, who died of yellow fever at Hickman, Ky., Dr. Singleton mentions the death of seven physicians of yellow fever in Hickman, twenty-seven in Memphis, and more than one hundred in the fever districts.

**A CASE of ununited fracture**, in the treatment of which a portion of dog's bone was used as a means of procuring union, is reported by Alex. Patterson, M. D., in *London Lancet* of October 19th.

**THE FEVER AT HICKMAN, KY.**—Col. Tyler says of the five hundred persons who remained in Hickman during the yellow fever epidemic all but fifty had the fever and one hundred and thirty-nine died. Of the one hundred and five white men who remained, one hundred and one had the fever and seventy died. Only eight or nine of the two hundred and fifty whites who remained escaped attack, and one hundred and twenty-six died.

## Selections.

**Concerning the Influence of Perspiration on the Febrile Temperature.**—Sydney Ringer, M. D., Professor of Medicine at University College, in *London Lancet*:

I am induced to publish these experiments, as they throw some light on the cause of the morbid elevation of the temperature in fever. This preternatural heat of the body has been accounted for in different ways. Some ascribe it to the dry skin in fever, whereby less heat is lost by evaporation; while the production of heat is maintained, the excess accumulates in the body and raises its temperature to fever height. If the production of heat remains the same while less is lost by evaporation, heat of course must to some extent accumulate in the body, and so raise its temperature; but this accumulation of heat, as I shall shortly show, plays a very insignificant part in the generation of fever.

According to another, and, as I believe, the correct view, by far the greater part of the preternatural heat of fever is due to increased formation of heat by increased combustion of the tissues, especially the nitrogenous tissues. During fever the quantity of urea is largely increased, and this is generally considered to depend upon general combustion of the nitrogenous tissues. Some have demurred to this conclusion, maintaining that the increase of urea is due to the retrograde metamorphosis of morbid products formed by the disease, as the exudation into the lungs of pneumonia. This explanation, however, fails altogether to explain the increase of urea in an attack of ague, where no morbid products are formed. Some years ago I showed that during a paroxysm of ague the urea is increased in proportion to the height and duration of the fever, so that given the height of the fever we can approximately calculate the increase in the urea; and, *vice versa*, given the increase of urea, we can ascertain the height of the fever. The increase of the urea begins directly the fever begins, and declines with its decline. This increase in the urea must be ascribed to increased combustion of nitrogenous tissue; and as the increase of urea is in proportion to the severity of the fever, it is fair to conclude that this increased combustion causes the fever.

A case of rheumatic fever with high temperature but with freely perspiring skin conclusively proves that fever is not simply due to accumulation of heat through loss of evaporation from a dry skin. In other febrile diseases, too, as in typhoid fever, especially where there is considerable exhaustion, the skin may be occasionally moist, and even soaked, while the temperature is very high.

I will now adduce additional evidence to show how little share the dry skin plays in the production

of the febrile temperature. Two patients were admitted under my care with ague. I determined to excite profuse perspiration before, or just before, the commencement of the febrile paroxysm, and to watch what effect this free perspiration might have on the high temperature.

The first patient suffered from quotidian ague, and his temperature rose in an untreated paroxysm to 105° and 106° F. Just before the onset of an attack, I gave him half a grain of pilocarpine, which in twenty minutes produced copious perspiration; yet, in spite of this, the temperature rose six degrees, to 104.4°, and the fit lasted as long as on previous days, the temperature falling short of the attacks on the previous days by about a degree. As in ague the untreated fits often differ to a greater degree than this, it is doubtful if even this slight diminution was due to the jaborandi. I may mention that the sweating produced by the jaborandi had very little influence on the shivering, and blueness of the lips, nose, and extremities.

The next patient suffered from irregular tertian fever caught in Florida. In an untreated attack, on August 1st, his temperature rose to 104.8°. August 4th the rigor began at 3:20, his temperature at that time standing at 101° F., conforming to the rule with ague, that the temperature rises one or two degrees before the rigor begins. Five minutes after the beginning of the rigor, Mr. Neale, my resident assistant, administered hypodermically a quarter of a grain of pilocarpine. In fifteen minutes perspiration began, the temperature standing at this time at 102.6°. The perspiration soon became profuse, and yet at 4:30, fifty minutes after the commencement of free perspiration, the temperature stood at 105.5°, and continued above 105° till 5:30 P. M., when the fever began to decline, and the temperature became normal between 1:00 and 3:00 A. M. on the following morning, the fit lasting more than ten hours. On August 7th he had a fit which was untreated. On August 10th he had another attack. At 3:20 his temperature was 101.8°. At 3:30 Mr. Neale gave him a hypodermic injection containing half a grain of pilocarpine. At 3:45 he was perspiring very freely, and his temperature marked 102.1°. At 5:30 the temperature was 105°, and subsequently rose to 105.2°. It remained at or above 105° till 8:00 P. M., and then fell, becoming normal at 4:00 the following morning; the fit, therefore, lasted over twelve hours. On August 13th he had another attack. At 5:00 P. M. his temperature was 101°. At 5:30 half a grain of pilocarpine was administered hypodermically. At 5:45 he was sweating, and his temperature then marked 103°. At 7:15 his temperature stood at 105.4°, and so remained till 8:00 P. M., and after this time it fell, becoming normal between 3:00 and 5:00 the following morning. In this case the attack lasted more than ten hours.

In these experiments, then, the temperature in an untreated attack rose to 104.8°. In the three fits treated with pilocarpine, which produced copious perspiration, the temperature reached respectively 105.6°, 105.2°, and 105.4°, the fits lasting respectively, ten, twelve, and ten hours. We may therefore fairly conclude that the free perspiration had a very insignificant influence on the febrile temperature, and the increased heat can not be explained by its accumulation owing to a dry skin, but must be due to increased production of heat from increased combustion.

In his interesting and suggestive lectures on Cardiac Depressants, Dr. Fothergill explains the effect of aconite and tartar emetic on the febrile temperature by their changing the dry to a moist perspiring skin, and so increasing the loss of body heat by increasing radiation and evaporation. As I have already said, by making a dry skin moist we must of course abstract a certain amount of heat by evaporation, and to this extent cool the patient; but the experiments given in this paper show, I think, how insignificant a part the loss of heat, induced in this way, plays in causing that great fall of temperature so often produced by aconite or tartar emetic. Other reasons may be adduced in support of the same conclusion.

1. Whenever aconite promotes perspiration, a proportionate reduction of temperature ought to take place in all diseases; but while, in many cases, as in tonsillitis, etc., the fall of temperature is considerable, in other forms of fever, though the perspiration may be very free, yet scarcely any, or even no fall of the temperature takes place: for instance, in many cases of erysipelas, pneumonia, pleurisy, and especially in the specific fevers, the fever continues unchecked.

2. We not uncommonly find that aconite quickly reduces temperature without promoting sweating, especially with children, in whom this drug in many instances fails to produce it.

3. Sometimes we see cases like the following: in typhoid or scarlet fever a patient with a hot dry skin, to whom we give aconite, becomes in a few hours freely bathed with perspiration, which continues several days, and then, in spite of the drug, the skin again becomes quite dry. Now in a case like this we find that the temperature undergoes no change. It remains as high during the sweating as before giving aconite, and does not rise on the cessation of the perspiration.

4. Some years ago, in conjunction with Mr. P. Gould, in order to test the influence of perspiration on the temperature, we three times performed the following experiment: we placed a fever patient in a hot-air bath, with the exception of the head and face. When free perspiration came on the bath was removed and the patient covered lightly with clothes, and in this state he sweated for several hours afterward. While in the hot-air bath his temperature did not

rise, nor did it fall after the bath, notwithstanding the free perspiration and light clothing. If it be objected that the clothing prevented evaporation, and the consequent reduction of temperature, I may reply that these are the identical conditions under which aconite in so many instances causes so marked a fall of temperature.

**Chestnut Bark as an Antiperiodic.**—R. F. Hood, M. D., in *New Remedies* for October: My mode of using it is to take four ounces of the rough outside bark of the tree (the older the tree the better), put into a convenient vessel, pour one quart of boiling water over, and let steep fifteen minutes, and it is ready for use. Let the patient begin at any stage of the disease and take a teacupful every three hours. On the day the paroxysm is expected to return, if it should not return, go through the same course on the sixth, seventh, thirteenth, fourteenth, twentieth, twenty-first, and twenty-seventh days, and I will almost insure permanent relief, or at least as much as can be attained from quinine or arsenic. I give a thorough mercurial purge before beginning with the infusion.

**The Yellow Fever in the Southern States of America.**—L. S. McMurtry, A. M., M. D., in the *London Lancet*, October 19th: In your impression of the 7th inst., which has just reached my table, I observe a brief notice of the great epidemic of yellow fever which is now prevailing with such fatality in the Southern States of the Union. Since some of the features are not reported with marked accuracy in your columns, others of much importance have been overlooked, and information on the subject seems desirable, I have thought a brief account of the origin and extent of the epidemic from one of the states in which the disease is prevailing might interest your readers at this time.

Yellow fever is not indigenous in any portion of the United States, but prevails to a limited extent almost every year during the heated term in the seaport cities on our southern coast. In June of the present year the steamship *Emily B. Souder* landed at New Orleans from some infected port of the West Indies. After reaching port some members of the crew were seized with yellow fever and died. Early in July numerous cases of, and deaths from, yellow fever began to be reported at the office of the Board of Health in New Orleans, and in a few weeks the disease was declared to be epidemic. New Orleans is a city with a population of two hundred thousand, situated upon the bank of the Mississippi River near its mouth, and is connected by rail and by lines of steamboats with all the principal cities and towns of the Southern States. As a focus of yellow fever infection it has every facility for disseminating the

germs with rapidity throughout the states. Early in August the disease appeared in Grenada, an inland town of Mississippi, with an estimated population of two thousand. This town seems to have been in a miserable sanitary condition, and furnished a nidus for the development and propagation of the disease in a degree of malignity almost unprecedented in this country. Quite a number of the inhabitants of this ill-fated town fled in the early onset of the epidemic, a large number have died, and at this time not more than thirty souls are remaining. The next place attacked was Memphis, Tennessee, a city of forty thousand inhabitants, situated on the bank of the Mississippi, and in direct communication with New Orleans by river and by rail. As soon as the disease made its appearance in Memphis, about one-third of the entire population, by advice of the physicians, left the city. Many of the refugees were attacked with the disease at distant places. The disease has continued to prevail in that city with shocking fatality. Deaths have occurred with such rapidity that the large number of men employed are unable to bury the dead with sufficient promptness, the bodies in many instances reaching an advanced stage of decomposition before burial can be obtained. All the horrors of the London plague have been as it were re-enacted in this ill-fated city. Soon after Memphis had been invaded by the great scourge, Vicksburg, Mississippi, was numbered among the stricken cities. This city is on the bank of the Mississippi River, several hundred miles below Memphis, and has a population of twelve thousand. The severity and fatality there are not so great as in the other infected cities. The pestilence has also invaded the following towns, where it continues to prevail with great fatality: Holly Springs, Miss., population twenty-five hundred; Port Gibson, Miss., population two thousand; Canton, Miss., population two thousand; Greenville, Miss., population nine hundred; Brownsville, Tenn., population twenty-five hundred; Hickman, Ky., population twelve hundred.

The following are some of the climatic relations of the principal infected cities:

	Longitude.	Latitude.	Elevation.
New Orleans, La.....	90°	29° 57'	10 feet.
Memphis, Tenn.....	90°	35° 8'	262 feet.
Vicksburg, Miss.....	90° 56'	32° 23'	280 feet.
Grenada, Miss.....	90°	8' 33°	225 feet.
Holly Springs, Miss.....	89° 30'	34° 45'	270 feet.
Hickman, Ky.....	89° 5'	36° 31'	305 feet.

The epidemic now prevailing has manifested some unusual characteristics worthy of mention. Hitherto those members of the African race who retain the blood of their race free and unmixed with that of other nationalities have enjoyed an immunity from yellow fever, and have exposed themselves to its contagion with impunity. At New Orleans, Grenada, and Memphis they have been stricken down

along with the whites, and have died in large numbers. The creoles of Louisiana—native-born inhabitants of French and Spanish descent—have also had a similar exemption from its contagion; but during this epidemic their homes have been invaded and whole families swept away.

The writer can not forbear mentioning in this connection that in no reported instance has any member of the medical profession deserted his post, or shrunk from the discharge of duty. A large number have been stricken down with the disease in the midst of their efforts to save others, and many have forfeited their lives. Their brethren in other places have promptly volunteered to take the post thus made vacant by death, and have fearlessly gone to the infected districts with help in one hand and their lives in the other. In the meantime, both at Memphis and New Orleans, every effort is being made by diligent and faithfully recorded observations, and post-mortem examination, to collect every attainable fact which can shed light upon the nature, cause, and treatment of the great scourge. In New Orleans the cold bath and transfusion have been brought to bear upon the treatment of the disease, the results of which will doubtless be made known in detail to the profession.

**Case of Blepharospasm which recovered under Treatment.**—*Lond. Practitioner:* Dr. Thos. Buzzard, of London, has published the record of a case which he has successfully treated. The patient, a married man of fifty-three, who had previously enjoyed good health, complained of spasm in the left eyelids. At irregular intervals the orbicularis palpebrarum was spasmodically contracted, the eye being closed firmly for a few seconds. There was also a frequent winking of the eye between the more severe spasms. In examining for "pressure points" or spots that would stop the spasm, no response was found over the infra-orbital, supra-orbital, or inferior maxillary nerves, but when the finger was pressed upon the tragus and on the skin for about an inch in front of it, the spasm ceased to take place as long as the pressure was continued, but recurred with more than usual violence when the finger was lifted. Within the ear there was a peculiar sensation which he found it difficult to describe. Some wax was removed by syringing, but, though the hearing was improved, there was no diminution in the spasm. The constant current from a Stoecher's battery was then applied with six cells, one sponge being placed just outside the outer canthus, and the other in front of the tragus. The application lasted ten minutes, and while it lasted the spasm was scarcely perceptible. Four days later the same treatment was repeated, and after three days more the twitchings had ceased, and there was only a tremor in the lids. Not long after,

the patient went into the country, complaining only of a little "life-blood" in the lid. This case is regarded by the writer as having had its origin in the accumulation of wax in the ear, just as in the case mentioned by Von Graefe, an ulcer upon the left glosso-palatin arch caused bilateral spasm, which ceased when the ulcer was healed. Probably the disorder would have subsided, without further interference, in due time after removal of the wax; but the passage of the continuous current stopped it immediately.

**Origin of Summer Diarrhea.**—*Dr. Wm. Johnston, Officer of Health, Leicester Borough, England,* publishes in the *Lancet* of September 28th the following results of his microscopical observations:

1. During the summer months the liquid portion of sewage derived from sewers of deposit will be found, upon microscopical examination, to contain great numbers of living forms, including (a) several genera of bacteria, such as micrococcus, bacterium termo (free and in the zoogloea form), bacillus, and vibrio; (b) rapidly-moving infusoria, flagellate and ciliated, belonging to several kinds of common protozoa, as monadina, englenia, alyscum, trichodina, paramecium, keronia, etc.; and (c) microscopic hirudinea. The above living forms are always accompanied with variable quantities of the spores, spore-cases, and mycelium of fungi.
2. The moist air in ill-ventilated and non-cleansing sewers, when the temperature of the latter is above 57° F., contains bacteria of the genera micrococcus and bacterium termo, the numbers present being in direct ratio to the increase of temperature from 57° to 69.5°, the highest temperature observed.
3. The same organisms are to be found in the confined air of cesspools, and here their numbers increase with the atmospheric temperature.
4. The trapping water of all gully-grates and stench-traps, when connected with sewers of deposit, contains great numbers of both kinds of bacteria, derived in great measure from the air within.
5. During hot weather, and especially when combined with great atmospheric dryness, these organisms are given off from all liquids containing them, and are carried into the air in very large numbers by the ascensional force of evaporation. This fact can be easily demonstrated by covering any vessel containing a solution abounding in bacteria with a glass plate. The under surface of the plate becomes coated with watery vapor, which can be collected into drops by the addition of ether, and on subsequent examination discloses the presence of bacteria. These bacteria, as has been before stated, are the active agents in causing putrefaction in putrescible liquids and substances of animal organic origin, and their appearance in the air of sewers and close cesspools is a

sure indication that rapid putrefactive changes are going on in the excrementitious matters that may be retained in the former or collected in the latter.

6. In badly-sewered districts milk will be found to be speedily infected with the above ferments. Their presence may also be frequently recognized in the stale food of infants, if due care be employed in their collection.

7. The juices that exude from and adhere to the over-ripe fruit, exposed in shops or hawked about in such districts, will be found, with few exceptions, to contain numbers of bacteria (rods and spherules) moving about among the cells of *saccharomyces exiguus* (Rees), the ordinary variety of fruit-ferment.

8. The atmosphere of these districts during hot summer weather, when filtered, is always found to yield fungal elements ranging in character from micrococcus to mycelial filaments. I have never detected the presence of bacteria in the air of the same locality during any day in April or May.

9. For the last two years the commencement of "summer" diarrhea in Leicester has been contemporaneous with the appearance, in large numbers, of bacteria in the air of some of its sewers.

The weather conditions of 1878 have been more favorable than last year for the development, multiplication, escape, and subsequent atmospheric diffusion of these sewer organisms, and these conditions have given rise to a greater prevalence of the disease and a higher fatality.

In a previous part of my paper it was shown that the above organisms are present in great numbers in the bowel-discharges and vomited matters of patients affected with the complaint under consideration. I therefore consider that (a) diarrhea, as it affects both adults and infants during the summer months, owes its origin, in the great majority of instances, to the introduction of minute living organisms (bacteria) into the system by means of air or in food; and (b) the disease depends upon putrefactive changes in the bowel-contents, which changes are correlative to the development and multiplication of these microscopic organisms.

**Molluscum Contagiosum.**—London Lancet: Drs. Tilbury Fox and Thomas C. Fox, at a late meeting of the Pathological Society of London, communicated their researches upon the minute anatomy of molluscum contagiosum, in which they have fully satisfied themselves that the view so long held in England of the glandular origin of the affection is the correct one, in opposition to the recent writings of Lukomsky, Boeck, and others, who affirm that the little tumors are produced by a growing downward of the rete Malpighii in cone-like processes into the corium, and that the cells undergo degenerative changes, and give rise to the so-called "mollusc

bodies." Such downward growth can not be seen; but, on the contrary, the specimens exhibited showed a flattening and thinning of the rete over the growing molluscum tumor. The disease begins with a hypertrophic growth of the sebaceous gland in which the lobules become multiplied and their cells greatly increased, and transitional stages can be traced between that condition and the fully developed molluscum tumors. Lukomsky and Boeck do not seem to have observed the earliest stages of the disease. The changes that go on in the cells of the tumors consist in the rapid endogenous formation of "schleim-cells," preceded by great activity of the nuclei. This is seen especially in the outermost layer of the cells, and free vacuolation takes place in all these cells as they advance toward the center of the acini and to the excretory duct. The so-called "mollusc bodies" are nothing more than these completely vacuolated cells which have undergone some peculiar transformation of the normal sebum. In the expressed contents of molluscum are observed cuticular cells like those of comedo, and "mollusc bodies," *i. e.* altered gland-cells. The latter are seen now and then to be imbedded in the cuticular cells, which often exhibit molds from which the mollusc bodies have dropped. Lastly, they have never found any fungus elements in any fresh tumor, but have seen plenty of fatty granules, altered blood-cells, and oil-globules, which might easily be mistaken for fungi, while the irregular edges of the cuticular cells sometimes present an appearance like mycelium. In reply to the president, Dr. Tilbury Fox said they had not entered into the question of the contagiousness of the disease.

**Onychia Maligna.**—Southern Medical Record: The free application of the subnitrate of bismuth is recommended as the best remedy for onychia maligna, that troublesome and painful affection of the finger-nails known as run-rounds. It is properly paronychia, and is one of the forms of whitlow or felon.

**Novel Use for Apomorphia.**—London Lancet: At the late meeting of the French Association for the Advancement of Science, M. Verger related the case of a child with a plum-stone impacted in the gullet. No instruments being at hand for the extraction of the foreign body, recourse was had to emetics. Ipecacuanha failing to induce vomiting, it was decided, after consultation, to inject apomorphia subcutaneously. Two injections were practiced, amounting in all to two and a half milligrammes of the alkaloid, not a large amount. Vomiting was soon excited, and the foreign body expelled.

**A case of abscess of kidney successfully treated by aspiration** is reported by Arthur Lucas, M. R. C. S., in London Lancet of 28th September.